

**DHMH, Prevention and Health Promotion Administration**  
**MADAP Advisory Board**

Minutes—October 26, 2017 – Approved May 14, 2018

**Members Present:** Robert Washington, PhD, M.Div., Jessica Rosen, MD, Douglas Rose, Rebecca Brotemarkle, PhD., Diane Young, RN, MS, Leonard Sowah, MBChB, MPH, Neha S. Pandit, PharmD, Jeanne C. Keruly, CRNP, Morris Murray, Daniel Hendricks, Robyn Palmeiro, LCSW-C, Sarah Rives Gray, MPH, MS

**Members Absent:** CDR Mathilda Fienkeng, PharmD, Kareem Adel Karara, PharmD, Jill Crank, RCNP, David Posner, PharmD

**Staff Present:** Jeffrey Hitt, Mary Bahr, Arlette Lindsay, PA, Vincent Santavenere. Tanisha Carter

**Guests Present:** none

**Recorder:** Tanisha Carter

*The MADAP Advisory Board Minutes are presented for two dates: October 26, 2017 and January 11, 2018. Due to the unfortunate muting of the telephone connections for the members who were on the conference call during the last agenda item from the October 26, 2017 meeting, a meeting was scheduled for January 11, 2018 to conclude the discussion on the agenda item - Open Formulary.*

Topic/ Issue	Discussion	Decisions, Assignments, Follow-up	Responsible Party	Time Frame
<b>OPEN SESSION</b>				
1. Welcome and Introductions	Meeting was called to order by Chair, Mr. Jeffrey Hitt at 4:32 p.m. with a voting quorum present. He welcomed members and guests. Introductions were made around the room.			
2. Approval of the Minutes	May 11, 2017 meeting minutes were approved by the Board on 7/28/17.	7/28/17- Motion to approve by Leonard Sowah, second by Morris Murray, 13 in favor, no oppose, 2 abstentions, 2 no response. Motion passed.		
3. Infectious Disease Prevention and Health Services Bureau Updates	Mr. Jeffrey Hitt provided the following update:  The Bureau submitted five grant applications during a 6-week period, of the five only one was a routine STD reapplication. Grants applied for:			

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	<p><b>CDC STD reapplication</b> (awarded). The Bureau also applied for and was awarded a <b>CDC Supplemental Award</b> to address congenital syphilis issues especially in Baltimore City, but across the state as well.</p> <p><b>HRSA HIV and Housing</b> (not awarded). However, the Bureau is working with Baltimore City HOPWA program to look at overlap of Ryan White and HOPWA funded services.</p> <p><b>HRSA Treat/Cure HCV among people of color living with HIV</b> (not awarded). The Bureau will move forward as Hepatitis-C status and testing is a condition of the Bureau's RW HIV Care Services awards to Local Health Departments and vendors state-wide. With Hepatitis C drugs available through MADAP only 26 clients have been assisted. Plans are underway to take steps to determine if co-infected clients have been cured and how to track this.</p> <p><b>CDC Renewal Application for HIV prevention and Surveillance Grant-</b> (awarded). First time CDC has combined the renewal applications for prevention and surveillance. These funds continue to provide the Bureau's core funding.</p> <p>Baltimore City will experience a reduction in CDC funding based on using 2014 data as compared to previously using 2008 data and Baltimore City had few new diagnoses. Washington, D.C. and Virginia will also experience a reduction in prevention and surveillance funding. The Bureau is in conversations with these jurisdictions about how to maintain programs.</p> <p>The CDC renewal application provided an opportunity to request funding for special projects (decision pending). The Bureau submitted a proposal to work with providers with pharmacy data to address viral suppression and adherence.</p> <p>The Bureau continues its work on syringe service programs. Baltimore County submitted an application which was approved. The program is working to integrate PrEP into STD programs throughout Maryland.</p>			
4. Client Services and MADAP Program Report	<p>Ms. Mary Bahr, Center Chief for MADAP, reported that 17 new clients entered MADAP the 3<sup>rd</sup> quarter of 2017 as compared to 40 the 3<sup>rd</sup> quarter of 2016. During the 3<sup>rd</sup> quarter of 2017, an additional 168 clients enrolled in MADAP Plus. Insured versus uninsured clients remains at 90% and 10% respectively.</p>			

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	<p>MADAP client demographic: 66% - 45 years of age or older, 32% - 25 to 44. 65% males, 34.8% females, 0.2% transgender.</p> <p>MADAP continues to streamline the eligibility process and began with eliminating the annual submission of the Medical Form for clients with enrollments ending November 30, 2017 unless the potential client is new to MADAP. MADAP is acquiring client viral load data from the Bureau's surveillance system.</p> <p>Preparation have begun for 2018 Open Enrollment for Medicare and on &amp; off exchange QHPs. The majority of MADAP clients are enrolled with CareFirst and have started receiving their 2018 enrollment letters. These 2018 plan letters either identifies the continuation of the client's 2017 plan or a similar plan if the 2017 plan was discontinued. The letters also indicate premium rates. MADAP will be running bus ads and shelter postings for Open Enrollment.</p>			
5. MADAP Formulary Updates	None – Board members suggested that the Open formulary discussion of the agenda be addressed next.			
6. Other Business, Announcements	None			
7. MADAP Formulary Activity and Review	<p>Ms. Mary Bahr, Center Chief for MADAP, reported on the cost feasibility of MADAP moving to an open formulary. Based on a five-month Medicaid cost report by drug classification, 98% of Medicaid's cost were associated with drugs already on MADAP's formulary. MADAP does not estimate that moving to an open formulary will result in a major increase in drug expenditures for the program. In examining what an open formulary will entail, consideration will be given to inclusion or exclusion of high cost medications and other drugs. MADAP has consulted with other states that have already moved to an open formulary. MADAP recommends an Open Formulary.</p> <p>Mr. Jeff Hitt continued the open formulary discussion with the board members; however, at this point during the October 26, 2017 meeting, the mute function on the conference phone was activated. Although members on the phone could hear the open formulary discussion, they could not partake in the discussion. As a result, the meeting lost membership quorum to conduct business.</p>			

Topic/ Issue	Discussion	Decisions, Assignments, Follow-up	Responsible Party	Time Frame
	Following the October 26, 2017 meeting, Bureau staff scheduled the Open Formulary discussion for January 11, 2018.			

**MDH, Prevention and Health Promotion Administration**

**MADAP Advisory Board**

**Minutes—January 11, 2018 (continuation from the October 26, 2017 meeting) Approved May 14, 2018**

**Members Present:** Robert Washington, PhD, M.Div., Jessica Rosen, MD, Douglas Rose, Rebecca Brotemarkle, PhD, Diane Young, RN, MS, Leonard Sowah, MBChB, HPH, CDR Mathilda Fienkeng, PharmD, Neha S. Pandit, PharmD, Jeanne C. Keruly, CRNP, Sarah Rives Gray, MPH, MS

**Members Absent:** Kareem Adel Karara, PharmD, Morris T. Murray, Jill Crank, RCNP, Daniel Hendricks, David Posner, PharmD, Robyn Palmeiro, LCSW-C

**Staff Present:** Jeffrey Hitt, Onyeka Anaedozie, Mary Bahr, Arlette Lindsay, PA, Tanisha Carter

**Guests Present:** Reginald Cadet, Janssen, Ken McMonigal, Mental Health Advocate Volunteer

**Recorder:** Tanisha Carter

7. MADAP Formulary Activity and Review	<p><b>1/11/18-</b> Mr. Jeffrey Hitt provided an overview of Ms. Bahr’s comments from the 10/26/17 meeting and then shared the following points on MADAP moving to an open formulary and the implications of doing so:</p> <ul style="list-style-type: none"> <li>• Individual drugs would no longer require review or approval.</li> <li>• Based on Medicaid’s cost for HIV patients, MADAP already covers 98% of the associated drug costs, so little to no cost effect.</li> <li>• Less tiers and prior authorization requirements after research of preferred drugs.</li> <li>• Expanding MADAP’s formulary helps to reduce barriers for clients.</li> <li>• Procedures for how we handle denials/appeals will be assessed, but currently for MADAP to pay 100% we will require a denial/appeal letter from the insurer.</li> <li>• Communications will be sent out to clients so they are informed.</li> <li>• There will be an evaluation period of 3 months, and there will be more information for this at our next meeting.</li> </ul>	1/11/18- Motion by Leonard Sowah with Second by Jeanne Keruly to pursue an open formulary and report back on operational challenges. All in favor. No oppose, no abstention. Motion passed.		
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	The Advisory Board Member's discussion was very supportive of MADAP moving to an Open Formulary. The benefits to clients are important to ensure maintenance of overall health and wellness, especially in light of the MADAP clientele continuing to age. Concerns were conveyed with respect to high cost drugs and drugs that insurance companies require generic vs brand. The Board looks forward to learning about the roll out and impact of this change at its next meeting.			
8. Adjournment	Following a motion for adjournment, the meeting was adjourned by Mr. Hitt at 5:06 p.m.	Motion by Douglas Rose with Second by Leonard Sowah, to adjourn the meeting.		
<b>Approval of Minutes</b>	On May 4, 2018, Ms. Mary Bahr sent the combined draft meeting minutes for October 26, 2017 and January 11, 2018 to the MADAP Advisory Board members and requested approval of the minutes. Ms. Bahr conveyed that the first and second Board Member to respond with a yea vote would respectively be identified as the member making the motion to approve and the member who seconded the motion to approve. Each member was asked to reply to Ms. Bahr with a yea, nay or abstention by May 14, 2018. As of May 14, 2018, 12 out of 14 members had responded.	Motion by Jeanne Keruly with a Second by Morris Murray, to approve these minutes as submitted. 10 in favor, no opposed, 2 abstentions, 2 members did not respond. Motion passed.		

**Upcoming Advisory Board Meeting:**

There will not be a May 3, 2018 Meeting as it has been rescheduled for a **Thursday, September 13, 2018**

**Meeting Time: 4:00 pm to 5:30 pm**